

06/11 2 2008 16:49/ST. 16:48/No. 7500000395 P 1

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MISC

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1/2

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Syngenta		
AREA CODE/PHONE NUMBER (336) 301-8746	I.D. NUMBER (if applicable) 1242845	
STREET ADDRESS		
CITY Greensboro	STATE NC	ZIP CODE 27409

Date of This Filing 06/02/2008

Report No. LCM-80602

☐ Amendment to Report No. (explain below)

No. of Pages 2

RECEIVED AND FILED
In the office of the Secretary of State
of the State of California
JUN 02 2008
DEBRA BOWEN
Secretary of State
1/2

LATE CONTRIBUTION REPORT

CALIFORNIA FORM 497

For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

FROM

misc

2/2

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Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

RECEIVED AND FILED LATE CONTRIBUTION REPORT

NAME OF FILER
Syngentain the office of the Secretary of State
of the State of CaliforniaCALIFORNIA
FORM 497

AREA CODE PHONE NUMBER

I.D. NUMBER (if applicable)

Date of
This Filing

JUN 02 2008

For Official Use Only

Report No.

DEBRA BOWEN
Secretary of State☐ Amendment
to Report No. _____
(explain below)

No. of Pages

2/2 R

STREET ADDRESS

CITY

STATE

ZIP CODE

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
06/02/2008 	Villines for Assembly 2008 Fresno ID: 1293100 CA 93709 Ref: <input type="checkbox"/>	Mike Villines State Assembly Person State Assembly Person Ballot: Dist: 29	2500.00	06/03/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

misc

5

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

1/2

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER United Democratic Campaign of Alameda County		Date of This Filing 06/02/2008	Date Stamp	CALIFORNIA 496 FORM For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California JUN 02 2008 R DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 510 895 2011	I.D. NUMBER (if applicable) 1268039	Report No. 1		
STREET ADDRESS 1		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY San Leandro CA	STATE CA	ZIP CODE 94577-4536	No. of Pages 2	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Loni Hancock				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD State Senator	DISTRICT NO. 9	SUPPORT ✓	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on an appropriately labeled continuation sheet.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/02/2008	Doorhangers	\$1,515.93

Reason for Amendment _____

496 Independent Expenditure Report

JUN 02 2008

496 INDEPENDENT EXPENDITURE REPORT

DEBRA BOWEN
Secretary of State

2/2

CALIFORNIA
FORM 496

NAME OF FILER

United Democratic Campaign of Alameda County

I.D. NUMBER (if applicable)

1268039

3. Contributions of \$100 or More Received *

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Late Contribution Report

misc 1/3 5

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Jared Moses for Judge			Date of This Filing 06/02/2008	Date Stamp JUN 02 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California For Official Use Only
AREA CODE/PHONE NUMBER (213) 489-4792	I.D. NUMBER (if applicable) 1303751		Report No. LCR-80601		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)	DEBRA BOWEN Secretary of State	
CITY Los Angeles	STATE CA	ZIP CODE 90071	No. of Pages 3	1/3 R	

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/01/2008 	Erika Girardi Los Angeles ID: CA 90017	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Recording Artist Self Employed	1000.00
06/01/2008 	Thomas Girardi Los Angeles ID: CA 90017-1904	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Girardi And Keese	1000.00
06/01/2008 	Keith Griffin Los Angeles ID: CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Girardi And Keese	1000.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2/3

S

LATE CONTRIBUTION REPORT

NAME OF FILER
Jared Moses for Judge

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1303751

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Report No. _____

JUN 02 2008

☐ Amendment
to Report No. _____
(explain below)

DEBRA BOWEN
Secretary of State

No. of Pages _____

2 / 3

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Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

0003/003

JUN 2 2008 10:01

DAVID GOULD

06/02/2008 15:12 FAX

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

misc

3/3

3

NAME OF FILER Jared Moses for Judge		Date of This Filing _____ in the office of the Secretary of State of the State of California	RECEIVED AND FILED JUN 02 2008 DEBRA BOWEN Secretary of State	LATE CONTRIBUTION REPORT For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1303751			
STREET ADDRESS		Report No. _____		
CITY	STATE	ZIP CODE	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
			No. of Pages _____	3/3

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/01/2008 	Law Offices of Richard Gutierrez West Covina ID: CA 91790	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
06/01/2008 	Amy Fisch Solomon Los Angeles ID: CA 90065-5053 Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Girardi And Keese	1000.00

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

MISC

MISC

1/2

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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Action Political Institute		Date of This Filing 06/02/08	Date Stamp JUN 02 2008	CALIFORNIA FORM 496 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California Hand Delivered, Sacramento Debra Bowen, Secretary of State R
AREA CODE/PHONE NUMBER 510-435-4493	I.D. NUMBER (if applicable) 1297654	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814		
No. of Pages _____				

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED ROD WRIGHT for State Senate				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Senate	DISTRICT NO. 25	SUPPORT	OPPOSE X	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/02/08	executive communications service inc. LOS angeles, CA 90045	\$16000 ⁰⁰

Reason for Amendment: _____

496 Independent Expenditure Report

2
2

496 INDEPENDENT EXPENDITURE REPORT

california action Political institute
NAME OF FILER

CALIFORNIA
FORM 496

I.D. NUMBER (if applicable)

1297654

3. Contributions of \$100 or More Received *

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE **	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
06/02/08	Hazel Dymally Los Angeles, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Lawyer	500 ⁰⁰	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

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OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

497 CONTRIBUTION REPORT

NAME OF FILER Asian American Political Empowerment Committee			Date of This Filing June 1, 2008	Date Stamp JUN 02 2008	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER (408) 772-2825	I.D. NUMBER (if applicable) 1248550		Report No. 1		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Sunnyvale,	STATE CA	ZIP CODE 94086	No. of Pages 1		

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION IF APPLICABLE
6/2/08	Santa Clara County United Democratic Campaign FPPC # 871053 Los Altos, CA 94023	Contribution to Party's PAC	\$1,500	June 3, 2008

Reason for Amendment _____

MISC

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Stanley M. Zimmerman		Date of This Filing 06/02/2008	RECEIVED AND FILED Date Stamp in the office of the Secretary of State of the State of California JUN 02 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (310) 909-0950	ID NUMBER (if applicable) 482434	Report No. 523		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Bl Segundo, CA	STATE CA	ZIP CODE 90245	No. of Pages 1	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	California Democratic Party (#741666) 200 Sacramento, CA 95814		3,000.00	06/03/2008

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

06/02/2008

15:55

OLSON, HAGEL

9164421280 + SOS

Jun 2 2008 16:56

NO. 571

P001

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

1 of 3

5

497 CONTRIBUTION REPORT

NAME OF FILER
American Federation of State, County and Municipal Employees Local
3299

AREA CODE/PHONE NUMBER

510/844-1160

I.D. NUMBER (if applicable)

1307216

STREET ADDRESS

CITY

Oakland, CA 94612

STATE

ZIP CODE

Date of
This Filing 05/02/2008

Report No. 357

☒ Amendment
to Report No. 357
(explain below)

No. of Pages 3

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 02 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM 497

For Official Use Only

P/q

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/21/2008	Cabaldon 2008 (#1293069) W. Sacramento, CA 95691	Christopher Cabaldon State Assembly Person Assembly District : 8	2,000.00	06/03/2008
05/27/2008	Dymally for State Senate (#1277294) Inglewood, CA 90301	Mervyn Dymally State Senator Senate District : 25	2,000.00	06/03/2008
05/27/2008	Friends of Bill Monning (#1297946) Monterey, CA 93942	Bill Monning State Senator Assembly District : 27	1,000.00	06/03/2008
05/27/2008	Friends of Lloyd Levine (#1278106) Encino, CA 91316	Lloyd Levine State Senator Senate District : 23	3,000.00	06/03/2008

Reason for Amendment Add contributions.

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

06/02/2008

16:12

OLSON, HAGEL

9164421280 + SOS

Jun 7 2008 11:12

NO. 574

0001

497 Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

2 of 3

497 CONTRIBUTION REPORT

NAME OF FILER American Federation of State, County and Municipal Employees Local 1299		Date of This Filing 06/02/2008	Date Stamp JUN 02 2008	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510/844-1160	ID NUMBER (if applicable) 1307216	Report No. 357	RECEIVED AND FILED in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 357 (explain below)	DEBRA BOWEN Secretary of State	
CITY Oakland, CA	STATE CA	ZIP CODE 94612	No. of Pages 3	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/27/2008	Friends of Stuart Waldman (#1282154) Sherman Oaks, CA 91413	Stuart Waldman State Assembly Person Assembly District : 40	2,000.00	06/03/2008
05/27/2008	Isadore Hall for State Assembly (#1296563) Compton, CA 90220	Isadore Hall State Assembly Person Assembly District : 52	1,000.00	06/03/2008
05/27/2008	Tom Ammiano for Assembly (#1290516) San Francisco, CA 94117	Tom Ammiano State Senator Assembly District : 13	2,000.00	06/03/2008
05/28/2008	Friends of Kriss Worthington (#1101557) Berkeley, CA 94705	Kriss Worthington State Assembly Person Assembly District : 14	1,000.00	06/03/2008

Reason for Amendment: Add contributions.

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

3 of 3

497 CONTRIBUTION REPORT

NAME OF FILER American Federation of State, County and Municipal Employees Local 3299		Date of This Filing 06/02/2008	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510/844-1160	ID NUMBER (if applicable) 1307216	Report No. 357 in the office of the Secretary of State of the State of California	RECEIVED AND FILED JUN 02 2008 DEBRA BOWEN Secretary of State	
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. 357 (explain below)		
CITY Oakland, CA	STATE CA	ZIP CODE 94612		
No. of Pages 3				

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
05/28/2008	Tony Thurmond for Assembly (#1296272) Richmond, CA 94802	Tony Thurmond State Assembly Person Assembly District : 14	1,000.00	06/03/2008

Reason for Amendment Add contributions.

06/02/2008 16:12 OLSON, HAGEL 9164421280 + SOS Jun 2 2008 1/:12 NO. 574 0003

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Committee to Elect James E. Reed Judge of Shasta Co. Superior Court		Date of This Filing 06/02/2008	RECEIVED AND FILED in the office of the Secretary of the State of California JUN 02 2008 DEBRA BOWEN Secretary of State	497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 530-336-5C50	I.D. NUMBER (if applicable) 1303956	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Fall River Mills	STATE CA	ZIP CODE 96028		
		No. of Pages <u>1</u>		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/31/08	Nichols, Catterton, Downing & Reed, Inc. Lafayette, CA 94549 (this is a corporation of which the candidate is President and CEO)	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5252.92 <input checked="" type="checkbox"/> Check if Loan -0- % Provide interest rate
05/31/08	Nichols, Catterton, Downing and Reed, Inc. Lafayette, CA 94549	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$462.00 non-monetary <input type="checkbox"/> Check if Loan _____ % Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan _____ % Provide interest rate

Reason for Amendment: _____

*Contributor Codes

IND - Individual
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 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

Late Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

MISC

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NAME OF FILER
Jesic for Judge

AREA CODE/PHONE NUMBER
(323) 655-4065

STREET ADDRESS

CITY
Los Angeles

STATE
CA

ZIP CODE
90048

I.D. NUMBER (if applicable)
1304263

Date of This Filing
06/02/2008

Report No.
LCR-80602

☐ Amendment to Report No. _____
(explain below)

No. of Pages
2

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

JUN 02 2008

DEBRA BOWEN
Secretary of State

LATE CONTRIBUTION REPORT
CALIFORNIA
FORM 497
For Official Use Only

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2008	Milstein, Adelman & Kreger LLP Santa Monica ID: Ref: <input type="checkbox"/> CA 90405	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

MISC
JUN 2 2008 12:03
T-542 P 01/02 F-520
805-865-3106
JUN-02-08 12:30PM FROM: E H & Y MEDIA

MISC

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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER Mayor Jeffrey Brang Committee		Date of This Filing 6/2/08 in the office of the Secretary of State of the State of California		RECEIVED AND FILED CALIFORNIA FORM 496 For Official Use Only DEBRA BOWEN Secretary of State No. of Pages 1
AREA CODE/PHONE NUMBER 323-654-8433		ID NUMBER (if applicable) 970426		
STREET ADDRESS		Report No. 1 JUN 02 2008		
CITY		STATE ZIP CODE		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED Government Acquisition, Regulation of Private Property			
OFFICE SOUGHT OR HELD	DISTRICT NO	SUPPORT	OPPOSE	BALLOT NO./LETTER 98	JURISDICTION Statewide	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
6/2/08	Mailing - Printing	\$ 810.25
6/2/08	Mailing - Postage	\$ 899.70
6/2/08	Mailing - Date List to mail	69.50

Reason for Amendment: _____

MISC

MISC

5

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER <i>Mayor Jeffrey Prang Committee</i>		Date of This Filing <i>6/2/08</i>	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California JUN 02 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 496 For Official Use Only <i>n</i>
AREA CODE/PHONE NUMBER <i>323-654-8433</i>	I.D. NUMBER (if applicable) <i>970426</i>	Report No. <i>2</i>	<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
STREET ADDRESS		No. of Pages <i>1</i>		
CITY	STATE	ZIP CODE		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED <i>Eminent Domain Acquisition of owner-occupied residences</i>			
OFFICE SOUGHT OR HELD	DISTRICT NO	SUPPORT	OPPOSE	BALLOT NO / LETTER <i>99</i>	JURISDICTION <i>State-wide</i>	SUPPORT	OPPOSE
						<input checked="" type="checkbox"/>	

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
<i>6/2/08</i>	<i>Mailing - Printing</i>	<i>\$ 810.25</i>
<i>6/2/08</i>	<i>Mailing - Postage</i>	<i>\$ 899.70</i>
<i>6/2/08</i>	<i>Mailing - Data list to mail</i>	<i>67.50</i>

Reason for Amendment: _____

JUN 2 2008 12:09
T-542 P 02/02 F-520
805-965-3106
FROM: E H & Y MEDIA
JUN-02-08 12:30PM

**Slate Mailer
Late Payment Report**

Type or print in ink.
Amounts may be rounded to whole dollars.

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of the State of California

JUN 02 2008

DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 498
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NAME OF SLATE MAILER ORGANIZATION

National Tax Limitation Committee Newsletter

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

I.D. NUMBER

CITY

STATE

ZIP CODE

949 495-3314

1306386

Late Payment(s) Received From:

NAME

I.D. NUMBER (if applicable)

McHally Temple Associates, Inc.

ADDRESS

CITY

STATE

ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

05/21/2008

AMOUNT

\$

10,500 00

NAME OF CANDIDATE OR BALLOT MEASURE:

Doug Ose

☒ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

Congress; Congress; District 4

AMOUNT ATTRIBUTED

\$

10,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ SUPPORT

☐ OPPOSE

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

**Slate Mailer
Late Payment Report**

Type or print in ink.
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208 3

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of the State of California

STATE MAILER LATE PAYMENT REPORT

FORM 498

JUN 02 2008

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Secretary of State

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NAME OF SLATE MAILER ORGANIZATION

National Tax Limitation Committee Newsletter

STREET ADDRESS

AREA CODE/PHONE NUMBER

OPTIONAL: FAX/E-MAIL

LD NUMBER

949 495-3314

1306386

CITY

STATE

ZIP CODE

Late Payment(s) Received From:

NAME

LD NUMBER (if applicable)

Friends of Jeff Miller 2008

1295315

ADDRESS

CITY

STATE

ZIP CODE

OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EMPLOYED (if applicable)

DATE RECEIVED:

06/02/2008

AMOUNT

\$

2,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

Jeff Miller

☒ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

State Assembly; District 71

AMOUNT ATTRIBUTED

\$

2,500.00

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

NAME OF CANDIDATE OR BALLOT MEASURE:

☐ **SUPPORT**

☐ **OPPOSE**

OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT MEASURE'S JURISDICTION

AMOUNT ATTRIBUTED

\$

Late Independent Expenditure Report

Type or print in ink.
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RECEIVED AND FILED

3073

NAME OF FILER Leaders for a Better California		
AREA CODE/PHONE NUMBER (530) 934-5823	I.D. NUMBER (if applicable) 1305909	
CITY STATE ZIP CODE		

Date of This Filing 06/02/2008
 Report No. 20080602-6
☐ Amendment to Report No. 20080602-6
 (explain below)
 No. of Pages 1

in the office of the Secretary of State
 of the State of California
 JUN 02 2008
DEBRA BOWEN
 Secretary of State
 1 / 1

CALIFORNIA FORM 496
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1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Curt Hagman				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. Sought: State Assembly Person 60 Assembly District		SUPPORT X	OPPOSE	BALLOT NO./LETTER		JURISDICTION	SUPPORT OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
06/02/2008 	Newspaper Advertisement	520.00

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

1072

497 CONTRIBUTION REPORT

NAME OF FILER Laura Spanjian for DCCC		Date of This Filing 6/2/08	Date Stamp JUN 02 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only R
AREA CODE/PHONE NUMBER 415-821-6772	I.D. NUMBER (if applicable) 1286053	Report No. 1			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages 2		
CITY San Francisco	STATE CA	ZIP CODE 94114			

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
6/1/08	Pinnacle Properties, Inc. San Francisco, CA 94116	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		 <input type="checkbox"/> Check if Loan _____% Provide interest rate

Reason for Amendment _____

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER

Laura Spanjian for DCCC

AREA CODE/PHONE NUMBER

415-821-6772

I.D. NUMBER (if applicable)

1286053

STREET ADDRESS

CITY

San Francisco

STATE

CA

ZIP CODE

94114

Date of
This Filing

6/2/2008

Date Stamp

Report No.

1 in the office of the Secretary of State
of the State of California
☐ Amendment
to Report No. _____
(explain below)

No. of Pages

2

JUN 02 2008

DEBRA BOWEN
Secretary of State

 2 of 2
497 CONTRIBUTION REPORT

 CALIFORNIA
FORM **497**

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2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
6/1/2008	Chance Slate 2008 San Francisco, CA 94109		1500.00	6/3/2008

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

S

NAME OF FILER
Jones for Judge 2008

AREA CODE/PHONE NUMBER

(323) 655-4065

STREET ADDRESS

CITY

Los Angeles

ID. NUMBER (if applicable)

1304996

STATE

CA

ZIP CODE

90048

Date of This Filing 06/02/2008

Report No. LCR-80602

☐ Amendment to Report No. (explain below)

No. of Pages 2

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JUN 02 2008

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Secretary of State

1/2

LATE CONTRIBUTION REPORT
CALIFORNIA FORM 497

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
06/02/2008 1	Jarvis E. Gallin Dr. Los Angeles ID: CA 90008 Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Info Requested n/a	1000.00
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: